Montana Department of Transportation
Motor Carrier Services Division

PO BOX 4639
HELENA MT 59604-4639
(406) 444-6130

Do Not Write in this Space
This is your License Number

DOT/MVI #_____

Renewal Application For Special Fuel Users License

Please correct or complete any incorrect or incomplete information.

Current Name and Mailing Address

Name and/or Address Changes Below

1. Trade Name (DBA)
2. Address Line 1
3. Address Line 2
4. City, State, ZIP

Location Address (if different from mailing address)

5. Address Line 1
6. Address Line 2
7. City, State, ZIP

8. Business Federal Employer ID No.	9. Business Phone Number

10. 'X' Type of Organization

☐ Individual
☐ Partnership

☐ Corporation – Regular
☐ Corporation – subchapter S
☐ **Other (Specify)**_____

11. Complete number 12 only if your organization type is individual.

Owner(s) Name	SSN

12. Complete number 13 only if organization type is Corporation (regular or subchapter S), Partnership, or other.

Officer or Partner Name	Title	SSN
Officer or Partner Name	Title	SSN
Officer or Partner Name	Title	SSN

13. Where do you use diesel fuel?

☐ Only in Montana (Intrastate) (1)   ☐ Montana and other states (Interstate) (2)

14.   Do you have bulk storage in Montana   ☐ Yes   ☐ No

Return Date: As soon as possible. Please allow a minimum of 2 weeks for processing. Your license to operate will be cancelled if not renewed prior to January 1. THIS IS THE ONLY NOTICE YOU WILL RECEIVE.

Following the January 1 deadline, all existing accounts that have not renewed must be reissued. No renewal applications will be accepted after January 1.

Effective Date: Upon receipt, you will receive one license which may be photocopied by you and a copy placed into each of your vehicles by January 1.

Compliance: Applicant agrees to keep a complete record of all special fuel used and mileage information, as required by the Department of Transportation, and the records may be examined at any time during the business hours by a representative of the Department.

_____
Authorized Signature   Date

Fee: None Required

_____
Title

Alternative accessible formats of this document will be provided on request.